Consumer Statement Template Residential Care Facility

Pelican Pointe Residential Care Community

1. Summary of the care and services we provide.

Pelican Pointe Residential Care Community provides all state required services, including general assistance with activities of daily living, food service, which includes modified special diets as necessary, medication assistance, housekeeping services and socialand recreational activities. We also coordinate transportation and the following additional medically related services: Third-party home health, hospice, and therapy services, and transportation to and from dialysis, or physician appointment. Transportation may be provided through the community's routinely scheduled weekly routes to local providers, or community will arrange transportation with an outside provider for a fee that is determined by the transport service.

2. Summary explanation of the types of care and services we do not provide. Pelican Pointe Residential Care Community does not provide the following services on a routine basis: Skilled nursing services to include wound care to stage 2 or greater wounds, IV therapy, Intramuscular Injections, suctioning, tracheostomy, ventilator or inhouse dialysis care. Additionally, we do not provide care for residents that have external defibrillators or require physician intervention to manage medication on a weekly basis based on medical condition that is not predictable or stable.

Describe or document (in additional comments) any health, nursing, behavior, or care service the community wants the prospective resident to know the community is unable to provide (e.g., medically complex diets beyond the required modified special diets, twoperson transfers, specificdialysis services, etc.): The community is unable to provide any diets that would require a Registered Dietitian onsite to oversee the preparation or delivery of the meal. These would include diet such as: Calorie or Carbohydrate Count diets for diabetes, Sodium count diets for residents with diagnosis such as heart or kidney disease. The kitchen within the community does not have an area that is dedicated as gluten free therefore we are unable to provide a celiac diet or true gluten free diet. The community will try to honor preference and food allergies that they are aware of; however, residents need to be cognizant and aware of food choices to assist with safe choices at mealtimes. The community will not admit or retain residents that require the use of a mechanical lift. Additionally, if the resident requires two persons assist this should be a short-term condition (less than 30 days) and a third-party provider must be involved in the resident's care; examples of this would be end of life and on hospice, post injury or illness and receiving therapy.

3. If your needs exceed the	e care and services	we provide,	we may	ask you to
move out.				

When your needs exceed the care and services we provide, we will meet with you to discuss the circumstances, attempting to determine the most appropriate care plan and setting to meet your care and service needs. If we cannot properly care for you at our community due to your increased needs, we may ask you to move to a more appropriate setting. If an agreement is not reached and attempts to resolve the issue are not successful, we may give you an involuntary move-out notice.

- 4. If you leave our community to receive acute medical, psychiatric, nursing facility or other care, we will conduct an evaluation before you can return to our community. Before you can return to our community, a qualified staff person will re-evaluate your condition and determine if our community can continue to meet your needs. If we determine we can no longer meet your needs, we will issue you an involuntary move out notice, and you will not be permitted to return to our community. We will notify you of this determination as soon as possible and before you leave the acute care or other setting.
- 5. You have the right to ask for an administrative hearing if you disagree with our decision to issue you an involuntary move out notice. The requirements for requesting a hearing can be found on the Administrative Hearing Request form MSC 0443. You also may contact the Oregon Long Term Care Ombudsman for assistance in requesting a hearing. The phone number for that office is: 800-522-2602 or 503-378-6533.

6. This is how we arrange for or coordinate hospice care:

If your medical provider, you or your Responsible Party feels that Hospice Services would benefit you Pelican Pointe Residential Care Community will work with the hospice provider of your choice to coordinate hospice care you or your loved one. Pelican Pointe Residential Care Community can offer a list of local Hospice providers to assist you with this choice, if needed. If you opt into a Hospice Program, Pelican Pointe RCF will work with the Hospice team to provide coordinate care for you or your loved one during their end of life journey.

Additional comments:	
Signature of resident or legal representative	Date